

Epitomes

Important Advances in Clinical Medicine

Occupational Medicine

The Scientific Board of the California Medical Association presents the following inventory of items of progress in occupational medicine. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome, and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist busy practitioners, students, researchers, or scholars to stay abreast of these items of progress in occupational medicine that have recently achieved a substantial degree of authoritative acceptance, whether in their own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on Occupational Medicine of the California Medical Association, and the summaries were prepared under its direction.

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The New Workplace Accommodation Guidelines

IN THE PAST, there have been many reasons for physicians to recommend that a job applicant not be hired. These have included a current inability to meet the physical exertion requirements, preexisting disease that may worsen, potential adverse effects of the job on a patient's disease (for example, a person with asthma may be bothered by sulfur dioxide), enhanced risk of developing an occupational injury, danger to the public, and so forth. These concerns have fostered two adverse side effects—job discrimination and paternalism. Job discrimination against persons with physical impairments was not always rationally based, and certain groups, even in the absence of disease, were precluded from some jobs. For example, because women are only about 60% as strong as men, all women (even strong women) were considered unsuitable for certain manual lifting jobs. Furthermore, since only women become pregnant, certain actions were taken to protect fetuses from toxins by excluding fertile women. Paternalistic attitudes abounded towards “the handicapped,” making them worthy of “charity” and special protection. Physicians often used different medical standards in considering job fitness, depending on the setting.

Following several decades of concern, two recent events have changed the outlook. The United States Supreme Court, in the *Johnson Controls* case, ruled against a policy of excluding potentially pregnant women from jobs with poorly controllable exposure to lead, a transplacental fetal toxin. Controlling the risk to the fetus did not warrant potential limitation of job opportunities, the court stated. The federal Americans with Disabilities Act (ADA) was signed and implementation guidelines were issued. In addition to establishing specific regulations, passage of ADA mandates a change in philosophy. Employers and physicians must now think very clearly about the process of medical evaluation for a job.

Medical evaluations under the ADA cannot be done until there has been a preliminary job offer. The employer technically should be “blind” to medical information while deciding who should be offered a job. This eliminates the traditional cursory “pre-employment examination.” The job

offer may be made contingent on passing a job-relevant examination, however. This requires that the examining physician thoroughly understand the specific job, its exposures, and its physical demands, which often may mandate a visit to the job site. The physician who classifies a person as medically unfit for a job must now be prepared to justify this recommendation by stating that the worker cannot now meet the job's physical requirements or that there is substantial risk of future harm in the job. The latter is based on four criteria: what is the duration of the risk; how severe is the potential harm; how likely is it to occur; and how soon might it occur? These considerations may be complex.

Employers cannot simply decline to hire persons who do not meet stated requirements or who are perceived to be at increased risk. Instead, they are obligated to make “reasonable accommodation” to alter the job to enable the worker to accept it. Employers also must make adjustments in job application procedures to assure equal access to the disabled. Physicians can enhance the hiring of persons with disabilities by providing clear statements of their abilities rather than focusing on specific diagnoses or impairments. For example, if a person could not safely lift 45 kg (100 lb), the examining physician should state how much could be lifted safely. Physicians can offer advice on the degree of irritant chemical exposure control that would let a person with asthma or psoriasis work. Careful medical examination and reporting can help ensure that employers do not discriminate.

Although there will still be situations in which physicians must recommend against placement, they now must think carefully about this decision. Physicians also must be prepared to counsel patients accurately about risks, so that these potential workers can make informed decisions about the amount of risk that is personally acceptable to them.

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REFERENCES

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